Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS5460AGC	A. BUILDING _____ B. WING _____	C 02/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN SUNSHINE HOME	8333 JEREMIAH LODGE AVE LAS VEGAS, NV 89131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 2/22/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 4. Four resident files were reviewed and 2 employee files were reviewed. Complaint #NV00024368 was substantiated with deficiencies.	Y 000	APOC 10/27/10 SB	
Y 590 SS=D	449.268(1)(a) Resident Rights NAC 449.268 1. The administrator of a residential facility shall ensure that: (a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility.	Y 590 ✓	SB 10/27/10	

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE GROUP HOME OWNER — (X6) DATE 10-19-10

Bureau of Health Care Quality and Compliance

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Y 590	Continued From page 1 This Regulation is not met as evidenced by: Based on record review on 2/22/10 and interviews with the Public Guardian the administrator failed to ensure that 1 of 4 residents (resident #1) was not financially exploited by a member of the staff. Severity: 2 Scope: 1	Y 590	Y590 a) Please refer to our Response Letter dated July 20,2010. The Public Guardian used the "Adult Diaper" incident as an excuse to avoid paying Resident #1's back rent for 3 months, and to avoid paying the medications and incontinent supplies for the month in question. We further state that the Public Guardian In-Charge of Resident #1 is in connivance with the other Group Home which charges several hundred dollars more. b) Routine care conference will be conducted with the people involved such as attending physician, family/guardian, administrator, and staff for each resident every six months or as needed. All resident files will be reviewed to ensure that the Group Home is in compliance. c) 2/22/2010	

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